HQ AFMSA/SGSL
ir Force Medical Logistics Offic

TRICARE - Next Generation

Resource Sharing Agreement
To
Local Support Contract
Conversion Tool Kit

Conversion Flow Chart

AFMLO Home Page

TOOL KIT

Start Here

This Tool Kit is Intended to prepare a package to submit to the AFMLO/VASS Contracting Activity. If you want to use another contracting office, try these links

- **ARMY Contracting**
- **NAVY Contracting**
- **AIR FORCE Contracting**
- **FSS & GSA Schedules**

Conversion Schedule

TRICARE Home Page

Tool Kit Appendix: Federal Supply Schedule Market Research and Comparison Tool

TRICARE Local Support Contracts (formerly known as "Resource Sharing Agreements") are coming to all CONUS MTFs!

Medical Logistics, in its role as Functional Director for Contracting in the MTF, is responsible for several critical actions in this process. They include:

- Coordinating contract preparation to ensure a "procurable package" goes to contracting
- Coordinating appointment and training for quality assurance personnel
- Managing oversight of local support contracts after they are awarded

This tool kit is your resource for coordinating your MTF's

HQ AFMSA/SGSL
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TRICARE - Next Generation

Resource Sharing Agreement
To
Local Support Contract
Conversion Tool Kit

INTRODUCTION

This Tool Kit is intended for Air Force medical logisticians to coordinate the purchase of professional and non-professional medical services for TRICARE transition through the AFMLO/VASS Contracting Activity.

Alternatives to AFMLO/VASS include your base contracting office and the central medical contracting activities of the Army and Navy.

Click here to see a comparison of various Federal contract ins truments that they have to offer.

This tool kit is a production of the Air Force Medical Logistics Office, Fort Detrick Maryland (AFMLO/FOP). Direct any questions or comments concerning the tool kit or any other medical contracting issues to DSN 343-8077.

Need more general information about the AFMLO/VASS Contracting Activity?

Click here to see a copy of the AFMLO/VASS Customer Hand ok.

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INSTRUCTIONS

This PowerPoint presentation is hyperlinked to allow you to open documents and skip to other parts of the presentation. For the hyperlinks to work, you must have the presentation open as a slide show.

If at any time you wish to return to the Tool Kit Home Page in this presentation, click on this icon:

HOME

Each page in this presentation describes one sub-process within the flow chart.

Title of the process described on the slide

Portion of the flow chart this slide refers to

Gives an idea of how long this step will take

Who has a key role in this step and why

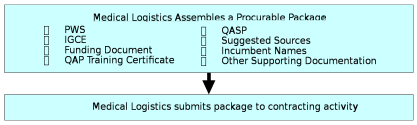
Definition and clarification of terms

List of who is responsible for what

Links to documents or web sites (the tools!)

Package Assembly and Submittal

This slide describes this part of the flow chart



TIME:

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KEY PLAYERS:

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DEFINITIONS:

Lads jjfklsdaj oidsflsadj jfsjdfur0t5u jksdjfu j 9ps0’ nnv- j0f jkfw80[n iodsuf jskdu80wnkljsu sdkfjdskuds80 r rjhry8 rp h j jiu8 dsafasi 80 ljfdss u90j slifjidssaui oshiuas9704-4-94-9ut jhjhnnnvx,vh 9sdf8gf90s flksr so7089 udfa9jlk k..

TASKS:

Medical Logistics: Lads jjfklsdaj oidsflsadj jfsjdfur0t5u jksdjfu j 9ps0’ nnv- j0f jkfw80[n iodsuf jskdu80w nkljsu sdkfjdskuds80 r rjhry8 rp h j jiu8 dsafasi 80 ljfdss u90j slifjidssaui oshiuas9704-4-94-9ut jhjhnnnvx,vh 9sdf8gf90s flksr so7089 udfa9jlk k. involved. Late submittals WILL affect patient care!

Clinical area requiring the service: Lads jjfklsdaj oidsflsadj jfsjdfur0t5u jksdjfu j 9ps0’ nnv- j0f jkfw80[n iodsuf jskdu80w nkljsu sdkfjdskuds80 r rjhry8 rp h j jiu8 dsafasi 80 ljfdss u90j slifjidssaui oshiuas9704-4-94-9ut jhjhnnnvx,vh 9sdf8gf90s flksr so7089 udfa9jlk k.. Late submittals WILL affect patient care!

Medical Logistics: Lads jjfklsdaj oidsflsadj jfsjdfur0t5u jksdjfu j 9ps0’ nnv- j0f jkfw80[n iodsuf jskdu80w nkljsu sdkfjdskuds80 r rjhry8 rp h j jiu8 dsafasi 80 ljfdss u90j slifjidssaui oshiuas9704-4-94-9ut jhjhnnnvx,vh 9sdf8gf90s flksr so7089 udfa9jlk k.

LINKS:

Click here for a blank Streamlined Acquisition Plan Template

Click here for a checklist of items required for a contracting office to procure this requirement

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TRICARE Local Support Contract Primer

Acquisition Strategy: Impact on MTF Workload

- For any contract action, coordination with medical logistics is central. Contract management is a core competency for medical logisticians.
- The strategy for your MTF's acquisition for local support contracts is a local decision. Your MTF has the autonomy to choose whether to use this tool kit at all. Whatever your MTF's approach, be sure to discuss concepts on this slide with your commander before proceeding with any acquisition strategy
  - Each MTF is expected to replace Resource Sharing Agreements with Local Support Contracts as indicated in the requirements spreadsheet.
  - Each contract (known as an "award") will require its own procurable package that includes all the deliverable items mentioned in this tool kit. Items included in a procurable package will only vary slightly between different contracting activities.
  - Each contract will require two ongoing post-award activities, that will add workload to both the clinical area requiring the service and medical logistics.
    - Clinical area requiring the service: As described in the "Performance" section of the tool kit, quality assurance personnel must assess contractor performance, certify invoices, and inform the contracting officer when there are issues with the contractor. They are also responsible for informing medical logistics to extend the contract at six months (but no later than three months) before the end of the performance period.
    - Medical Logistics: As described in AFMAN 23-110, Vol V, 16.17.19, Medical Logistics is responsible for keeping a six-part folder for each contract that contains all pertinent documentation, including modifications, receipts, invoices, and quality assurance reports. This folder, and management of its elements, is subject to inspection in both the Health Services Inspection (logistics) and Operational Readiness Inspection (contracting). Medical logistics is also responsible for coordinating a procurable package to include all deliverable items included in this tool kit. Medical logistics is not responsible for producing all elements of a procurable package, but acts for the commander in ensuring required documentation is completed and submitted to the contracting activity in a timely and accurate manner.
    - Resource Manager: Responsible for ensuring funds are available by the time the package needs to be sent to contracting (six months before a health care worker is expected to perform in the MTF). Also responsible for ensuring funds are available to exercise any options six months (but no later than) three months before the end of the fiscal year. Responsible for monitoring spend line on service contracts.

MORE on the next slide

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TRICARE Local Support Contract Primer

Acquisition Strategy: Suggested Approaches

- There are several strategies to use when approaching the challenge of preparing for local support contracts and in managing them after award. To help medical logisticians advise their MTF commanders, here are a few strategies to consider:
  - Strategy #1: Multiple Service Performance Work Statement: Include several health care workers from several clinical activities on one performance work statement. Hence, one award with several line items will result. This approach closely resembles the old construct of a resource sharing "project" that groups like services into one contractual action. In this strategy, a single performance work statement can require a single quality assurance person (with alternates as necessary). This way, quality assurance personnel can be centralized within the MTF. This is similar to the relationship presently existing with contractors and the managed care support contract COTR. This strategy works especially well when an entire service or clinic is contracted out (such as laboratory, radiology, or obstetrics).
  - Strategy #2: Single Service Performance Work Statement : One person may perform quality assurance for several contracts. If you choose to submit a different performance work statement for each clinical area, quality assurance may still be centralized to obtain economy of effort. The main difference between this and Strategy #1 is that the quality assurance person will monitor a greater number of contracts.
  - Strategy #3: Multiple MTF Performance Work Statement: Include several MTF's requirements into a performance work statement for a single service. For example, one vendor could supply radiology services for several bases in a state, TRICARE region, MAJCOM, etc. Synergy, to any degree, generally drives prices down and creates efficiencies. In this scenario, a Contracting Officer's Representative will centrally manage the contract and quality assurance personnel at each MTF will submit contractor surveillance reports to him or her.
  - There are numerous other strategies. This slide simply lists the most likely approach to transitioning from resource sharing contracts that Air Force MTFs will take. For more information, contact your contracting office of choice or call AFMLO at DSN 343-8077.

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TRICARE Local Support Contract Primer

Acquisition Strategy: Personal Service versus Nonpersonal Service Contracts

- When purchasing professional health care services, MTFs generally have two optional approaches, personal and nonpersonal contracts. The difference between personal and nonpersonal services lies in the supervisory relationship between the health care worker and the government.
  - Nonpersonal Service: The healthcare worker is not the contractor. A third party staffing company is the contractor. Nonpersonal service contracts are signed with a staffing company that hires employees to work in the MTF. Current resource sharing positions are nonpersonal service contracts. The staffing company actually supervises the health care worker, not the MTF. The staffing company is responsible for human resource tasks, not the MTF (examples are training, managing payroll, supplying liability insurance, and executing any disciplinary actions).
  - Personal Service: The healthcare worker may work directly for the government on an Individual Set Aside (ISA) contract, or the healthcare worker may work for a company which has contracted with the government. In either of these cases, the day-to-day supervision of the healthcare worker is very similar to methods used to supervise civil service personnel. Performance is compared against the performance work statement and the clinical area supervisor provides direction to the healthcare worker. The clinical area supervisor also provides counseling when appropriate. The results of counseling sessions are provided to the company. Because supervision is provided, the healthcare worker is not required to maintain liability insurance.
- What does your MTF want…or need?
  - The decision is local. The overwhelming majority of local support contracts in the AFMS are nonpersonal service contracts. Some larger facilities with dedicated service contract management offices have begun to move toward personal service relationships with contractors.
  - If you intend to send a contract request to the AFMLO/VASS contracting office, it must be a nonpersonal service contract. AFMLO/VASS does not award personal service contracts. The instructions contained in this tool kit are for nonpersonal services.
  - Personal service contracts may be awarded by your base contracting office or by other military services. See the matrix of contract instruments for more details.

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TRICARE Local Support Contract Primer

Acquisition Strategy: Market Capacity and Market Forces

- When purchasing professional healthcare services, be aware that there are finite amounts of qualified applicants available in the labor market to fill your position(s). Depending on your geographic location, the number of qualified applicants could be high or it could be very low.
- For MTFs in locations that are geographically isolated or in an area with low population, obtaining a qualified applicant to fill the position at your MTF could be quite challenging and may add to the overall cost.
- *So why can't you keep the person you have working for you right now?* No one says that you can't, but the contract award must be open and fair. You can't manipulate a performance work statement so that only one person can be qualified. You can't do a "sole source" for a specific human.
  - A better approach would be for soliciting staffing agencies to contact the incumbent - if they choose. It is the employer's choice of whom they want to hire and the healthcare worker's decision to work for which company. The point is that the MTF cannot intervene with the recruitment responsibilities of a vendor. This would be unfair and could be grounds for a protest, which could require a "cease and desist" order that would prohibit any contractor from performing until the protest is resolved.
  - Some incumbents may be saddled with a "noncompete clause." A noncompete clause exists in some staffing agency contracts with their employees to prevent them from leaving that agency and moving to another or obtaining a personal service contract on their own. The fact is that noncompete clauses are only enforceable in some jurisdictions in the United States. The issue comes in two questions:
    - Is a noncompete clause enforceable in YOUR jurisdiction?
    - Is your incumbent willing to violate a noncompete clause they signed? It is a personal decision of the individual healthcare worker to make themselves available to other staffing agencies.
    - Click here for facts about noncompete clauses.

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TRICARE Local Support Contract Primer

Acquisition Strategy: Funding, Timing, and Coordination

- Funding for TRICARE local support contracts will be sent to each MTF according to the roll out schedule in this tool kit (basically, six months before the transition date).
- The goal of this tool kit is for all elements of the procurable package to be complete by the funding date, which is six months before the TRICARE transition date for each region (see the flow chart's time line for details).
- For information on how much funding will be available or how funding will be handled at the MTF level, contact your MTF's managed care professionals.
- **How can I start work before funding arrives?**
  - Remember, the process here is complete when a procurable package arrives in medical logistics. Not all the pieces of the package will arrive simultaneously. Some items will arrive two months before the package is complete and some will arrive at the last minute. Funding is probably the last element of the package that will make it to medical logistics.
  - Suggested package assembly method for medical logisticians:
    - Print a copy of the procurable package checklist for each separate contract your MTF needs to have awarded.
    - Attach the checklist in a folder and mark off each item as it arrives in medical logistics. Using this method will ensure you have the required six part folder in medical logistics on the day the contract is awarded.
    - Use the timelines described under "TIME" in each step of the process as described in this tool kit and in the flow chart. Assign a suspense to the office of primary responsibility for the item due to medical logistics. Monitor the suspense and take action when it appears a document will miss the suspense.
    - **Failure to submit a complete, procurable package to the contracting office later than 180 days prior to performance could result in a gap in health care for your MTF**.

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TRICARE Local Support Contract Primer

Acquisition Strategy: Funding, Timing, and Coordination

- **Points to Ponder:**
  - What is the "no kidding" date you need the health care worker(s) to begin work? How does that date play into the "phase out" of the existing resource sharing contract? Will there be a gap in service?
    - Be sure to figure your new contract's start date in such a way that prevents a gap in service coverage for your MTF. The decision is not for medical logistics to make…that comes from MTF leadership. However, you need to know by the time you submit the package to contracting (six months prior to the day you want to see a health care worker begin work).
  - Coordination is paramount
    - This tool kit defines who is generally responsible for what in this process. Be aware, however, that medical logistics is largely responsible for coordination among parties in the development of the procurable package.
  - Communication is paramount
    - Medical Logistics is the Functional Director for contracting in the MTF. You are the expert. If you need help, clarification, training, or have general questions, seek an answer. Seek your managed care professional or AFMLO, as appropriate. "Dropping the ball" on this project will result in a gap in the delivery of health care to your beneficiaries.
- **Funding for Options:**
  - Historically, many MTFs wait until very late in the fiscal year to fund options. However this approach often leads to violation of the terms of a contract on the government's part. Most contracts state that the government will acknowledge their intent to exercise an option at least 60 or 90 days (depending on the contract) before the end of the performance period. The only person authorized to send this acknowledgement to the vendor is the contracting officer. In other words, unless a funded request arrives at the contracting office in time for them to work with the vendor, late funding may put the government in the position of not living up to contractual commitments.
  - So why does this tool kit say to have a funded document on its way to exercise options at six (but no later than 3 months) before the end of fiscal year? The answer is sheer volume. Contracting is a time consuming and manual process. To ensure your contract's option is exercised in time, it is strongly suggested to have option requests in early.
  - What if funding is not available six months out? Work with RMO and MAJCOM to have the full baseline for exercising options sent to he MTF at the end of the second or beginning of the third quarter of the fiscal year. If the requirement is funded in the MTF's baseline, the funds should be made available in time to use the contracting system as it was designed…not to jam options through at the last minute and risk the government's good faith by not fulfilling a contractual obligation.

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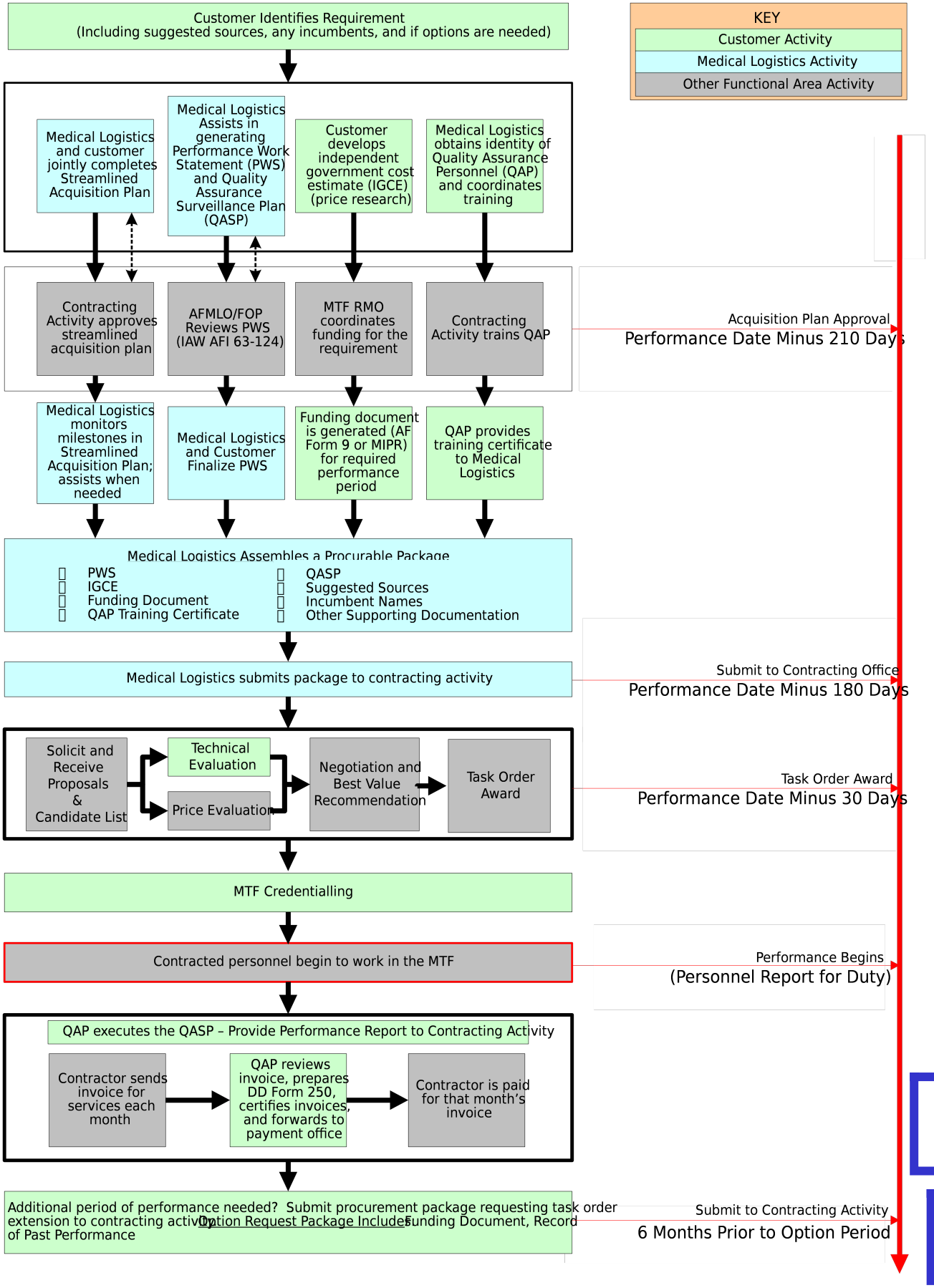
Local Support Contract Preparation Process


Customer Identifies Requirement
(Including suggested sources, any incumbents, and if options are needed)
KEY
Customer Activity
Medical Logistics Activity
Other Functional Area Activity
Medical Logistics and customer jointly completes Streamlined Acquisition Plan
Medical Logistics Assists in generating Performance Work Statement (PWS) and Quality Assurance Surveillance Plan (QASP)
Customer develops independent government cost estimate (IGCE) (price research)
Medical Logistics obtains identity of Quality Assurance Personnel (QAP) and coordinates training
Contracting Activity approves streamlined acquisition plan
AFMLO/FOP Reviews PWS (IAW AFI 63-124)
MTF RMO coordinates funding for the requirement
Contracting Activity trains QAP
Acquisition Plan Approval
Performance Date Minus 210 Days
Medical Logistics monitors milestones in Streamlined Acquisition Plan; assists when needed
Medical Logistics and Customer Finalize PWS
Funding document is generated (AF Form 9 or MIPR) for required performance period
QAP provides training certificate to Medical Logistics
Medical Logistics Assembles a Procurable Package
PWS
IGCE
Funding Document
QAP Training Certificate
QASP
Suggested Sources
Incumbent Names
Other Supporting Documentation
Medical Logistics submits package to contracting activity
Submit to Contracting Office
Performance Date Minus 180 Days
Solicit and Receive Proposals & Candidate List
Technical Evaluation
Price Evaluation
Negotiation and Best Value Recommendation
Task Order Award
Task Order Award
Performance Date Minus 30 Days
MTF Credentialling
Contracted personnel begin to work in the MTF
Performance Begins
(Personnel Report for Duty)
QAP executes the QASP – Provide Performance Report to Contracting Activity
Contractor sends invoice for services each month
QAP reviews invoice, prepares DD Form 250, certifies invoices, and forwards to payment office
Contractor is paid for that month's invoice
Additional period of performance needed? Submit procurement package requesting task order extension to contracting activity. Option Request Package Includes: Funding Document, Record of Past Performance
Submit to Contracting Activity
6 Months Prior to Option Period
PRINTER
FRIENDLY
HOME

Identify the Requirement

This slide describes this part of the flow chart

Customer Identifies Requirement
(Including suggested sources, any incumbents, and if options are needed)

Your MTF requirements have already been evaluated and are available on spreadsheets here:

Click here and search a spreadsheet with your facilities requirement for:

- Local Support *(Formerly Resource Sharing)*
- Appointing
- Utilization Management
- HEAR
- Transcription

For more information on your MTF's requirements, contact your BOBS Flight (Managed Care)

- **KEY PLAYERS:**

  –Clinical Area requiring the service: To make the next steps easier, make sure that the clinical department requiring the service has a clear understanding of the role the individual must play. Once work begins on preparing the package, very specific, pointed questions will be asked about the activities the Health Care Worker (HCW) will take part in.

  –BOBS Flight (Managed Care): If there are any questions on what the requirement is, or how the requirement was determined, contact your managed care section. This functional area in the MTF has healthcare worker qualifications and duties.

  –Medical Logistics: Assists all parties involved to produce a package that will be procurable when it reaches the contracting office. According to AFMAN 23-110, Vol V, 16.17.3, *"The Medical Logistics Flight Commander (or appointee as appropriate) will coordinate with the activity requiring the service (requiring activity), all other pertinent functional areas, and the [Base Contracting Office] (BCO) to ensure that the needs of the requiring activity will ultimately be met and that the BCO receives a "procurable package" in time to establish an effective and timely contract."*

- **TASKS:**

  –BOBS Flight (Managed Care): Inform the appropriate individuals in your MTF of the approved local support positions that will be funded for your facility in the TRICARE transition. Verify the requirement and coordinate changes as appropriate.

  –Medical Logistics: Stay in tune with your BOBS Flight to be informed an

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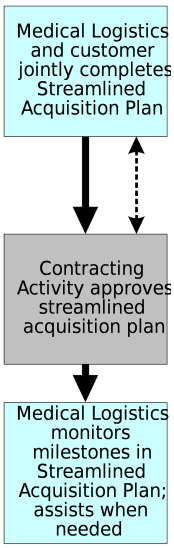
Acquisition Plan Approval and Execution

This slide describes this part of the flow chart


Medical Logistics and customer jointly completes Streamlined Acquisition Plan
Contracting Activity approves streamlined acquisition plan
Medical Logistics monitors milestones in Streamlined Acquisition Plan; assists when needed

Before you begin this step, your MTF needs to answer the following questions before you can proceed:

What contracting office will you use? Medical Logistics can help make this decision. Choices include your Base Contracting Office (BCO), AFMLO/VASS Contracting Office, or Army contracting offices. This decision will drive the details of everything from timelines to the format of your documentation to the type of training for quality assurance personnel. Click here for a discussion of available contract instruments.

- **How long to do want the healthcare worker, i.e. 12 months, 24 months, 36 months?** The initial contract award is good from the date of award to 30 September of the same fiscal year. If you want to extend services beyond the initial performance period without re-competing, you should inform the contracting office so they include options periods to extend the contract for the following year. You will have to provide performance information to the contracting office when it's time to request extension of the contract (also known as "options"). Providing the vendor has performed well and you have the funding, you may extend the contract for 4 years past the "base" year (a total of five years until the award needs to be competed again). This means that if you don't want to change anything, you could go five years without having to reaccomplish this whole process again! Click here to skip to the slide that discusses options .
- **Where will your HCW work? Do they need office space? Equipment? Furniture?** If so, contact your Medical Logistics office or Facility Manager as appropriate. Do it now in case equipment delivery or civil engineering/communications work orders have long lead times.

MORE on the next slide

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Acquisition Plan Approval and Execution (Continued)

- **TIME:**
  - Begin this document as soon as a requirement is identified. Generally, the acquisition plan must be done no later than 210 days before you expect the HCW to perform their duties (this is similar to the timeline for hiring a civil service employee). Development and approval of a streamlined acquisition plan can take a few weeks for some contracting offices and a few days for others. Milestones in the plan encompass the rest of the acquisition's life.
- **KEY PLAYERS:**
  - Clinical area requiring the service: This section is responsible for collaborating with Medical Logistics in completing the plan for submittal to a contracting office.
  - Medical Logistics: MTF functional director for contracting. They are responsible for ensuring the plan is filled out completely and accurately. Also responsible for working with the contracting office, as a representative of the customer, to get the plan approved. Once the plan is approved, Medical Logistics is responsible for monitoring the contract's progress (milestones) and providing feedback to the customer and MTF leadership as required.
  - Contacting Office: Responsible for providing guidance regarding acquisition strategy and timelines. They are responsible for informing Medical Logistics about any additional documentation or clarification that may be necessary.
- **DEFINITIONS:**
  - Streamlined Acquisition Plan: Required by statute (FAR, Part 7) for all awards with a value exceeding $100,000. It's purpose is to ensure all required elements of the package are properly prepared and that all information necessary to meet customer needs is provided to the contracting office. Formally provides the customer with an idea of how long it should take to award the requirement.
- **TASKS:**
  1. Medical Logistics: Provides a copy of the Streamlined Acquisition Plan template to the customer as soon as a requirement is identified. Arranges to sit down with customer to jointly complete the plan. (1 day to engage with customer)
  2. Clinical area requiring the service: Sits down with Medical Logistics to jointly complete the plan.
  3. Medical Logistics: Submit the completed plan to the contracting office for approval. Resolve any issues preventing approval by advocating (in a liaison role) for both the customer and contracting office. (1 week or more)
  4. Contracting Office: Reviews/approves the plan. Provides guidance and feedback as warranted. (1 week or more)
  5. Medical Logistics: Reviews milestones and advocates for the customer and contracting office to ensure the timelines are met.
- **LINKS:**
  - Click here for a blank Streamlined Acquisition Plan Template
  - Click here for a checklist of items required for a contracting office to pr ocure this requirement
    .
  - Click here for a link to the Federal Acquisition Regulation (FAR)

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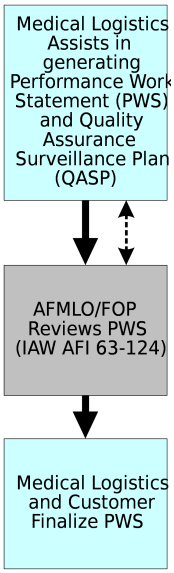
PWS and QASP Development

This slide describes this part of the flow chart


Medical Logistics Assists in generating Performance Work Statement (PWS) and Quality Assurance Surveillance Plan (QASP)
AFMLO/FOP Reviews PWS (IAW AFI 63-124)
Medical Logistics and Customer Finalize PWS

- **TIME:**
  - This process may take anywhere from a few days to a few weeks, depending on the requirement and the kind of contract you want to use

- **KEY PLAYERS:**
  - Clinical area requiring the service: This section is responsible for defining the role for the Health Care Worker (HCW) and entering the information in the Performance Work Statement (PWS) and the Quality Assurance Surveillance Plan (QASP). The format for a PWS and QASP depends on what kind of contract you want to use.
    Click here for a matrix of available types of contracts. See "Links" below for PWS and QASP samples.
  - Medical Logistics: MTF functional director for contracting. They can help you find a sample PWS/QASP and teach you how to complete one.
  - AFMLO/FOP (Formerly HQ AFMSA/SGSLC): Will review and approve all local support contracts for the MTF in accordance with AFI 63-124.

MORE on the next slide

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PWS and QASP Development (continued)

- **DEFINITIONS:**
  - Performance Work Statement (PWS): Like a job description. This document lays out exactly what the HCW is expected to do, for who, when, where, how, and with what materials.
  - Quality Assurance Surveillance Plan (QASP): A checklist of quantifiable elements from the PWS that will be periodically reviewed to assess quality of the HCW and the contractor. The QASP will be used to determine if the contractor does what they have been hired to do.
  - Technical Evaluation: An evaluation of the proposals from companies that seeks the company/candidate combination best meets the requirement

- **TASKS:**
  1. Medical Logistics: Decide what contract/contracting office to use. Provide customer with appropriate sample PWS and QASP. For the AFMLO/VASS Contracting Activity, a sample is provided below. (1 – 3 Days)
  2. Customer (with help from Medical Logistics as needed): Complete the PWS and QASP. (1 – 4 Weeks)
  3. Medical Logistics: Submit PWS to AFMLO/FOP (DSN 343-8077) for review and approval. (2 – 4 Days)

- **LINKS:**
  - Click here for a checklist of items required for a contracting office t o procure this requirement .
  - AFI 63-124 Performance Based Service Contracts

  PWS:
  - Generic Nonpersonal Service sample PWS
  - Generic Personal Service sample PWS
  - Personal Service sample PWS (Completed)
  - Multiple Positions on one PWS
  - Sample healthcare worker duties and responsibilities (for inclusion into performance work statements) (Coming Soon)

  QASP:
  - Guidance for Preparing a QASP (This guidance is 8 years old, but still relevant)
  - Sample QASP

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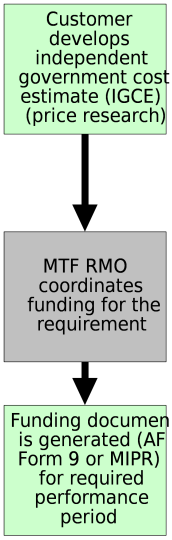
Price Research and Funding

This slide describes this part of the flow chart


Customer develops independent government cost estimate (IGCE) (price research)
MTF RMO coordinates funding for the requirement
Funding documen is generated (AF Form 9 or MIPR) for required performance period

- **TIME:**
  - Depends on how long it takes for money to flow to your MTF and on how long it takes your RMO to produce a funding document. Completing price research can take only minutes. Remember, all other parts of preparing a procurable package can go on in despite the absence of funding.

- **KEY PLAYERS:**
  - Clinical area requiring the service: Performs price research. States the estimated price for this specific requirement. States market salary for your geographical area or the comparable civil service comparable rate (if civil service, i.e., GS-09, step 3).
  - Resource Management Office: Coordinates funding to meet the requirement. Communicates any barriers to funding the requirement in time to meet the milestones in the acquisition plan.
  - Medical Logistics: Has no real role in this portion of the process other than encouraging all parties to complete it in time to meet milestones on the acquisition plan.

- **DEFINITIONS:**
  - Price Research for the Independent Government Cost Estimate (IGCE): You need to get an idea of what your requirement will cost for two reasons. First, your RMO needs to know how much money to program. Second, your estimate gives the contracting officer a baseline of what you believe to be fair and reasonable. This is no different than when a supply custodian supplies medical logistics with a vendor quote to accompany a local purchase request. Your IGCE should be in memo format and should offer comparative data. They will help to reinforce your estimate. Click here for a sample of an IGCE.

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Price Research and Funding (Continued)

- **TASKS**
  1. Customer: Performs price research. Use the links below for salary data for your geographical area. Contacting your BOBS flight is helpful as well. (1 – 2 days)
  2. Customer: Provides estimated price to RMO so they can coordinate funding. Provides copies of the IGCE to Medical Logistics as part of the procurable package. (1 – 2 days)
  3. Customer: Works in conjunction with RMO to provide funding document (AF Form 9 or MIPR) to accompany a procurable package to medical logistics. (1 – 2 days)
  4. RMO: Responsible for coordinating funding and helping to complete associated documents. *In some facilities, RMO traditionally managed the entire contract preparation activity. However, this responsibility lies in medical logistics (AFMAN 23-110, Volume V, Chap. 16)*
  5. RMO: Works with MAJCOM to obtain funding for former resource sharing positions. Click here to search for a breakdown of your facility's authorized positions. RMO is also responsible for ensuring that the cost of option years is included in your MTF's annual budget and that the funds are available at six months (but no later than 3 months) before the end of the fiscal year to exercise options. (time to obtain funding could vary by MAJCOM or TRICARE Region)

- **LINKS:**
  - Price research and information on Federal Supply Schedules (included as an appendix to this document)
  - Price research web sites for salaries in your geographic area:
    - www.salary.com
    - www.jobstar.org/tools/salary/sal-prof.cfm
    - http://www.ama-assn.org/ama/pub/category/6038.html
    - www.bls.gov/oco/home.htm
  - Click here and search a spreadsheet with your facilities req uirement
  - Click here for a sample of an IGCE
  - AFMAN 23-110, Volume V, Chap. 16

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Quality Assurance Training

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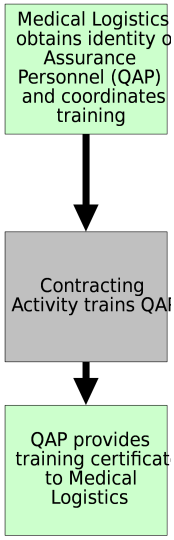
Medical Logistics obtains identity o Assurance Personnel (QAP) and coordinates training
Contracting Activity trains QAI
QAP provides training certificat to Medical Logistics

- **TIME:**
  - Depends on your choice of contracting offices. Training ranges from a two or three day class that is held periodically by your contracting office to a computer based training course that can take a total of 12 to 15 hours to complete. Air Force contracting offices require "Phase II" training in addition to initial quality assurance training. Phase II training generally takes up to a half day. AFMLO/VASS will accept a training certificate from your base contracting office's Phase I training class.

- **KEY PLAYERS:**
  - Clinical area requiring the service: Names a responsible person (Quality Assurance Personnel) who will provide surveillance of the contract and note the degree of compliance with the performance work statement. According to AFI 63-124, "Quality assurance duties should be assigned to civilian personnel when at all possible to avoid interruption of QA duties caused by exercises, contingencies, etc."
  - Medical Logistics: Coordinates training with the appropriate contracting activity
  - Quality Assurance Personnel: Trained personnel who are responsible for assuring quality performance of the contractor. Additionally, Quality Assurance Personnel are also responsible for certifying invoices, and keeping track of funds available for the contract.
  - Base Contracting Office: Trains Quality Assurance Personnel in general contract oversight and in specific risks and areas of complexity for this specific requirement.

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Quality Assurance Training (Continued)

- **DEFINITIONS:**
  - Quality Assurance Surveillance Plan (QASP): A checklist of quantifiable elements from the PWS that will be periodically reviewed to assess quality of the HCW and the contractor. The QASP will be used to determine if the contractor does what they have been hired to do.

- **TASKS:**
  1. Clinical area requiring the service: Forwards the name of Quality Assurance Personnel to Medical Logistics. (1 – 2 days)
  2. Medical Logistics: Coordinates with contracting office to schedule training (1-2 days…actual class may only be held monthly)
  3. Base Contracting Office: Trains Quality Assurance Personnel, provides training certificate to trainee. (classes range from 1 – 3 days for Phase I and up to a half day for Phase II training)
  4. Quality Assurance Personnel: Provides training certificate to Medical Logistics to keep on file. (1 day)
  5. Medical Logistics: Keeps a copy of trainee's certificate in each file for which the trainee provides quality assurance. (1 day)
- **LINKS:**
  - Click here to see a SAMPLE presentation (may not be your location's actual slides) of a USAF Phase I training course.
  - Click here to see a SAMPLE presentation (may not be your location's actual slides) of a USAF Phase II Training Course.
  - Click here to see the Federal Acquisition Institute's Online University.
    The class that equates to phase I training for contracts awarded through VASS is "COR Mentor Course". NOTE: It is recommended that you seek training through your base contracting office. If that is not possible, this training will suffice for VASS.
  - AFI 63-124, Performance Based Service Contracts

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Package Assembly and Submittal

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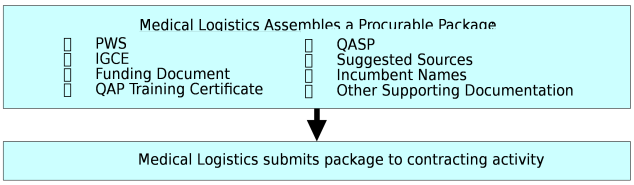

- **TIME:**
  - This step is the culmination of all the preceding steps. It cannot be completed until all the elements mentioned previously are complete. It generally takes a month or more to assemble a completely procurable package.

- **KEY PLAYERS:**
  - Clinical area requiring the service AND Medical Logistics: Synergistic completion of all previous tasks is a must for the assembly of a complete and procurable package.

- **DEFINITIONS:**
  - Procurable Package: The assembled documents that a contracting officer will use to convey your requirement to a solicitation for vendors to propose against. The proposals will be reviewed based on your package and award will be made to the vendor with the best value and best meets the criteria you conveyed. It is critical that you fully convey your requirement to the contracting office. Your words will be used to buy the service.

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Package Assembly and Submittal (Continued)

- **TASKS:**
  1. Medical Logistics: This step is an important milestone in your acquisition plan. Be sure the package is complete by the date on the plan. If you believe it will not be, get your flight commander/administrator involved. Late submittals WILL affect patient care!
  2. Clinical area requiring the service: Ensure Medical Logistics receives all documentation by their deadline. If you perceive a barrier to timely completion of a task, work with Medical Logistics to overcome the barrier. Late submittals WILL affect patient care!
  3. Medical Logistics: Perform a quality check on all documents in the package. Click here for a checklist. A good sanity check for a procurable package is if you don't think you can purchase the service with the documents you have, contracting probably can't either. A procurable package consists of:
     - Copy of your streamlined acquisition plan
     - Funding Document (AF Form 9 or MIPR)
     - PWS with QASP
     - IGCE (that includes your price research)
     - Incumbent names (OPTIONAL)
     - Suggested sources (OPTIONAL)
     - Quality Assurance Personnel training certificate(s) and contact information
     - Other supporting documentation as appropriate

- **LINKS:**
  - Click here for a blank Streamlined Acquisition Plan Template
  - Click here for a checklist of items required for a contracting of fice to procure this requirement
    .

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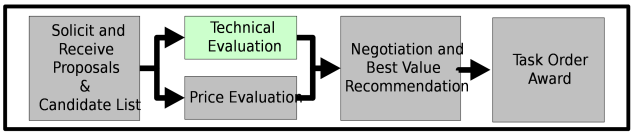
Acquisition

This slide describes this part of the flow chart



- **TIME:**
  - This portion of the process is the most time consuming. It can take as long as 5 months. Why? The reasons are complex and several. First, it is important to note that this process is to acquire what you need, not what you want. Your need was conveyed in your PWS, QASP, and evaluation criteria. Additionally, there are statutory guidelines for advertising the requirement to potential offerors. Offerors must also be allowed time to develop proposals and build candidate lists in response to the advertisement. After proposals are received, time must be given to the technical evaluation board and to the contracting officer to evaluate the proposals. Finally, the contracting officer must be given time to negotiate and finalize the award. Time could also be consumed for higher priced awards that require a legal review before they can be awarded.

- **KEY PLAYERS:**
  - Contracting Officer: Uses your procurable package to develop a solicitation and advertise your requirement. Receives proposals in response to the solicitation. Evaluates prices and recommendations of the technical evaluation board. Recommends best value selection of contractor. Negotiates with vendor and awards task order based on best value.
  - Medical Logistics: Forwards contact information of technical evaluation board members to contracting officer. Assists in liaison role between contracting office and customer.
  - Clinical area requiring the service: Supplies the names and contact information of the technical evaluation board to Medical Logistics
  - Technical Evaluation Board Members: Reviews all technical aspects of the proposal (except for the price). Ranks the technical proposals according to the evaluation criteria. Participates with the Contracting Office in the best value decision for contractor selection.

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Acquisition (Continued)

- **DEFINITIONS:**
  - Solicitation: Advertisement to those wishing to do business with the government. Solicitations will be advertised to the FSS contractors.
  - Proposal: The document that contractors use as an offer to answer a solicitation. Proposals include how they will meet the requirements in your PWS and what it will cost.
  - Technical Evaluation Board: A board of knowledgeable personnel that reviews the technical characteristics of the proposed company/candidate combinations (NOT the price) and ranks their merit based on the requirement's evaluation criteria. The board ranks the proposals and makes a recommendation to the contracting officer of which company/candidate combination best meets the requirement.
  - Price Evaluation: A contracting officer's evaluation of the prices of submitted proposals.
  - Best Value Determination: A decision based on technical and price evaluation that determines which proposal presents the best value to the government for the requirement.
  - Task Order: Not a contract, but an award to perform a specific task under the auspices of a larger contract. Contracts that you will see task orders placed against include Federal Supply Schedules (FSS) and General Services Administration Schedules (GSA Schedules)

- **TASKS:**
  1. Contracting Officer: Posts solicitation, receives proposals, evaluates price, convenes and briefs technical evaluation board. (as long as 60 days)
  2. Medical Logistics: Forwards contact information of technical evaluation board members to contracting officer. Assists in liaison role between contracting office and customer. (1 – 5 days)
  3. Technical Evaluation Board: Reviews all technical aspects of the proposed company/candidate combinations (except for the price). Makes a recommendation to the contracting officer. (7 to 14 days after proposal receipt)
  4. Contracting Officer: Evaluates prices and recommendations of the technical evaluation board. Negotiates with vendor and awards task order based on best value. The best value decision will be discussed with the MTF prior to award of the task order. Forwards a copy of the task order to the MTF. (depending on value of the award, as soon as 1 week after evaluation, but as long as 30 days after evaluation)
- **LINKS:**
  - Sample "Do's and Don'ts" for Technical Evaluation Boards
  - Sample Past Performance Evaluation Form
  - Sample Technical Evaluation Criteria

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Post-Award
(But Pre-Performance)

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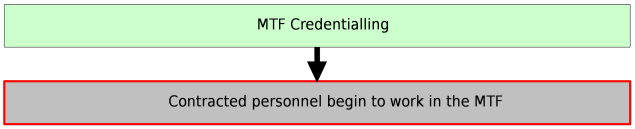

- **TIME:**
  - Some candidates may not live in your local area and may have to move to work in your MTF. Others may have to give notice at an old job to begin working at your MTF. The period of time between task order award and start date varies greatly with individual situations, but is generally about a month. If you requested it, the contractors' submitted resumes with their proposals. The time it takes to locally credential your HCW is the amount of time until the selected contractor may begin to provide health care. For HCWs who do not require credentialling, they may begin to work as soon as local policy allows.

- **KEY PLAYERS:**
  - MTF Credentials Office: Reviews/approves HCW credentials as appropriate.
  - Quality Assurance Personnel: Acts as point of contact for contractor to coordinate start date and orientation. Meets with contractor to discuss quality assurance surveillance.
  - MTF Human Resources: In-process HCW in accordance with local policy.

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Post-Award (But Pre-Performance) (Continued)

- **DEFINITIONS:**
  - Contractor: In this sense, the contractor can be the staffing agency that employs the HCW or the HCW themselves…or both.
  - Contract Performance: Be aware that the contract is for a staffing agency to provide a HCW and is not a direct contract with a specific HCW. In this sense "performance" means that the staffing company has started work by recruiting for the healthcare worker, not that the HCW is doing health care work.

- **TASKS:**
  1. Medical Logistics: Inform the Quality Assurance Personnel that the contract or task order has been awarded. Ensure the Quality Assurance Personnel receive a signed copy of the contract/task order. Discuss the invoicing process with Quality Assurance Personnel. Make sure they get in contact with the staffing agency to get the name and availability date for the candidate.
  2. Quality Assurance Personnel or Clinical area requiring the service (as local policy dictates): Contact your credentials office to begin the credentialling process.
  3. Quality Assurance Personnel: Coordinate HCW orientation and start date. Meet with contractor and HCW to discuss quality assurance surveillance and the invoicing process.
  4. MTF Human Resources: In-process HCW in accordance with local policy.

- **LINKS:**
  - Credentialling information:
    AFI 44-119, Clinical Performance Improvement

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Performance

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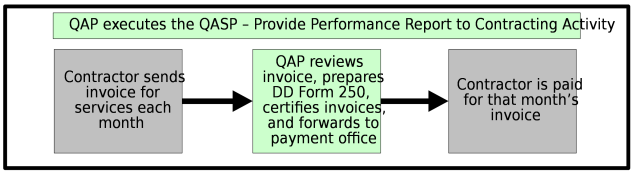
QAP executes the QASP – Provide Performance Report to Contracting Activity
Contractor sends invoice for services each month
QAP reviews invoice, prepares DD Form 250, certifies invoices, and forwards to payment office
Contractor is paid for that month's invoice

- **TIME:**
  - The period of performance on TRICARE transitional contracts will be from the date of award until 30 September of the same fiscal year, with the intention to extend the contract without changes every fiscal year. The performance period begins on the award date, NOT on the fiscal year. Option periods will coincide with fiscal years (1 October through 30 September).

- **KEY PLAYERS:**
  - Quality Assurance Personnel: Provides surveillance according to the QASP
  - Contractor (the staffing agency, not the HCW): Sends invoices to Quality Assurance Personnel monthly.
  - Quality Assurance Personnel: Reviews invoices, completes DD Form 250 (if required by the contracting office) and forwards to Medical Logistics.
  - Medical Logistics: Ensures invoices are sent to the Resource Management Office for certification. Maintains six part folder for each contract IAW AFMAN 23-110, Vol V, Chap 16.

- **DEFINITIONS:**
  - Performance Period (BASE): Date of AWARD (not from the date the HCW began working in the MTF) through 30 September.
  - Performance period (OPTIONS): 12 months from 1 October through 30 September of subsequent fiscal years.
  - Contract Management: Those functions performed by Medical Logistics in their role as Functional Director for contracting in the MTF IAW AFMAN 23-110, Vol V, Chap 16. Contract management is NOT the same as quality assurance. Medical Logistics oversees the management of contracts, but does not assess the quality of the individual workers. Competent functional experts execute quality assurance surveillance.
    - Why is it called "contract management" and not "contract administration"? Historically, medical logisticians have used these terms synonymously, but under the TMA's construct for maintaining TRICARE contracts, they employ "Administrative Contracting Officers" who "administer" the large regional contracts by modifying them. In this light, we should be careful not to confuse our managed care friends by using the word "administer", as it implies to them a degree of authority to modify contracts in-house.

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Performance (Continued)

- **TASKS:**
  1. Quality Assurance Personnel: Provides surveillance according to the QASP. Contacts the contracting officer for guidance on noncompliance with the contract. Educates coworkers about their responsibilities to the contractor and the expectations/limitations of the contracted HCW.
  2. Quality Assurance Personnel: Reviews and verifies deliverables listed on invoices, completes DD Form 250 (if required by the contracting office) and forwards to Medical Logistics
  3. Medical Logistics: Performs oversight of contract management functions as prescribed in AFMAN 23-110, Vol V, Chap 16
  4. Quality Assurance Personnel, Resource Management, AND Medical Logistics: Review the balance remaining on the contract that has yet to be billed. If excessive or if cannot possibly be used for the current performance period, RMO can realign funds for other purposes in the MTF. Click here for sample reconciliation worksheet.

- **LINKS:**
  - AFMAN 23-110, Vol V, Chap 16

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Options

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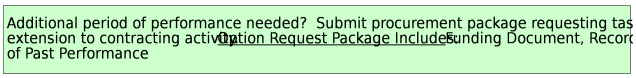
Additional period of performance needed? Submit procurement package requesting tas
extension to contracting activity
Option Request Package Includes
Funding Document, Record
of Past Performance

- **TIME:**
  - Begin this process six months prior to the beginning of the new performance period. You do not need funding to begin this process. Remember that the performance period will probably NOT be the beginning of the fiscal year.
  - **Special Note for Mid-Year Transition**: Initial funding will likely be prorated to create an initial period of performance that lasts from the transition date to 30 September of the same fiscal year. In this case, option periods will be full year periods that will run from 1 October to 30 September to match the fiscal year. The timeline for preparing to exercise an option does not change, even if you are compelled to request an option renewal on the same day of the initial task order award. Be sure to discuss this with your RMO as it will probably cause some confusion. For questions on this issue, contact your contracting office.

- **KEY PLAYERS:**
  - Clinical area requiring the service: Make your intention to extend the contract past one year known to Medical Logistics and your RMO before half of the performance period is over.
  - Quality Assurance Personnel: Provide contractor performance record to Medical Logistics.
  - RMO: Coordinates funding for exercising contract options in time to meet your contracting office's deadline.
  - Medical Logistics: Assembles contract option procurement request package for contracting at or about the six month period of the current performance period.

- **DEFINITIONS:**
  - Option: The decision to continue your task order award without any changes for another performance period. Local support task orders are written for a base period of performance with the option of extending the task order for up to a total of 5 years. This means that if you don't want to change anything, you could go five years without having to go through the initial contracting process again!

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Options

- **TASKS:**
  1. Clinical area requiring the service: Make your intention to extend the task order known to Medical Logistics and your RMO before half of the performance period is over. Do not wait for the “end of fiscal year rush”. Your hesitation could impact health care delivery.
  2. Quality Assurance Personnel: Provide contractor performance record to Medical Logistics (should be done monthly as a copy of the QASP checklist and all derogatory information should be sent to Medical Logistics anyway).
  3. RMO: Coordinates funding for the option in time to meet your contracting office’s deadline. Remember that the deadline for your option will likely NOT be the same as the deadline for end of fiscal year. It will be about three months before fiscal year end.
  4. Medical Logistics: Find out your contracting office’s lead time for extending the task order. Communicate this lead time to your customers regularly. Assembles option procurement request package for contracting at or about the six month period of the current performance period. Ensure performance information is provided to the contracting office.

- **LINKS:**
  - AFI 65-601, Vol I, 4.48, Budget Guidance and Procedures
  - AFMAN 23-110, Vol V, Chap 16

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Regional Roll-Out Schedule

TRICARE Region	Projected Funding Date (180 days before transition)	Transition Date	Procurable Package should be at Contracting By…
11	1 Dec 03	1 Jun 04 (Changed from 1 Apr 04)	1 Dec 03
2, 5	1 Jan 04	1 Jul 04 (Changed from 1 Jun 04)	1 Jan 04
9, 10, 12 And Alaska	1 Jan 04	1 Jul 04	1 Jan 04
3, 4	1 Feb 04	1 Aug 04	1 Feb 04
1	1 Mar 04	1 Sep 04	1 Mar 04
7, 8	1 Apr 04	1 Oct 04	1 Apr 04
6	1 May 04	1 Nov 04	1 May 04

NOTE: The transition date is the date the new TRICARE contract will begin in your region. Your MTF's new contractor start date may be before the transition date to avoid a gap in service as the old contractor phases out of your facility.

NOTE: The funding date will likely be the same date the entire package is due to the contracting office. Do not wait until funding arrives to prepare a package for submittal to contracting.

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APPENDIX

HQ AFMSA/SGSL
ir Force Medical Logistics Offic

TRICARE - Next Generation

Resource Sharing Agreement
To
Local Support Contract
Conversion Tool Kit

APPENDIX

Federal Supply Schedule
Reference for
Labor Group 621 I (Professional and Allied Health Care Staffing Services)

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Federal Supply Schedule Reference

This Tool Kit Appendix is intended to offer each MTF a resource to investigate and compare pre-negotiated pricing schedules for a wide array of disciplines within the genre of professional and allied health care services.

What is a Federal Supply Schedule (FSS)? An "FSS" is an indefinite delivery contract that offers a simplified way of acquiring commonly used supplies and services in varying quantities while obtaining volume discounts. GSA "owns" the FSS program, but has authorized the VA to award FSS contracts for medical commodities and certain nonperishable subsistence items.

FSS contract prices include labor only, malpractice insurance, and the ability to work in multiple locations. If a health care worker is required to travel, be on call, or is eligible for shift differential, the price will change from the posted FSS price.

According to the Federal Acquisition Regulation, these optional Federal Supply Schedule (FSS) contracts are listed as follows: "Agencies shall satisfy requirements for…services from or through the sources…listed below in descending order of priority". The FAR goes on to prioritize these FSS contracts only below sources available through the Committee for Purchase from People Who are Blind or Severely Disabled and mandatory FSS contracts. In other words, all Federal contracting offices must use these contracts when they are available.

If this is so, then why are different contracting offices able to negotiate different prices on the same contract? The reason is simple. Since orders against an FSS are indefinite and varying, the posted prices are actually maximum prices. That means that the FSS price is the highest possible price for that discipline from that company. Contracting offices routinely negotiate prices down below the posted FSS price. When developing your performance work statement, bear in mind that the more "unique" functions you require the contractor to perform, the less the price will be able to be negotiated down.

Use the links below to see what FSS contracts are available for local support contracts.

Click here to see a list of vendors who hold medical service FSS contracts
Click here to see a spreadsheet that compares pricing for like services among different FSS holders
(Great for developing an Independent Government Cost Estimate!)
Click here to go to GSA's search engine for all FSS contracts, to include

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